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DENTAL HYGIENE

November, 1935



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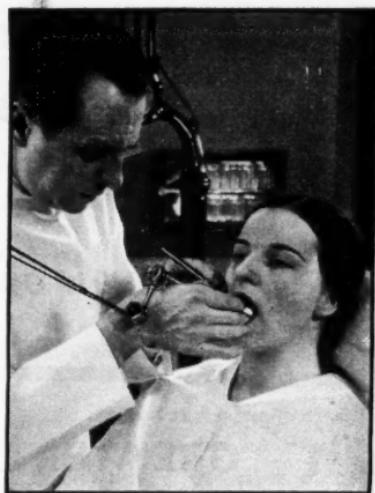
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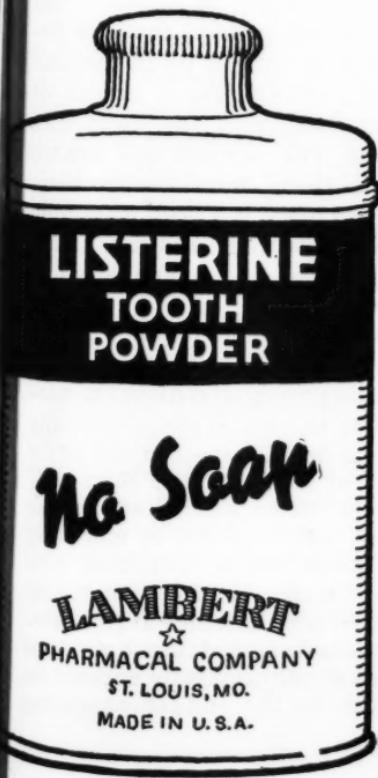
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The Publisher's CORNER

By MASS



With the newspapers so very full of Mussolini and Haile Selassie it isn't surprising perhaps that this department should for the first time in its life become preoccupied with a really current event, instead of waiting, as it ordinarily does, until the event goes bustle in the public mind. The complex and strange and inexplicable cerebral tissue from whence these lines limp to life every new moon has been massaging itself about the Ethiopian situation, and meditating about the Conquering Lion of Judah and about Il Duce—chiefly about Il Duce.

With no disposition to jest about anything so terrible as war, with no wish to make sport of a people's travail, the CORNER with its provincial outlook, its narrow view, its obsession with the dental scene, naturally enough ponders about the dental aspect of the affair in Abyssinia and thinks at length of the chief contenders, the personalities from which radiate the thought waves that have become visible in marching men—endless ranks of Black Shirts, uniformed now as Roman Legionaires; marching men, marching stiffly, eyes front, *carabinieri* with carbines of the newest make, civilization's couriers plodding deep into Africa with their burdens of culture neatly encased in precise cylinders of brass—in the endless straggling

columns of the blacks, eyes front, chieftains and warriors of the old time, armed queerly with ancient weapons and here and there a modern instrument of death, so few as to be ineffectual, so many as to shake confidence perhaps in worn and familiar and outmoded muskets and in spears fashioned on the age-old pattern.

Pondering the dental aspect of this perilous adventure, one wonders about the prime mover in it, his vast store of serene confidence, his mental force, and mental power, and mental dominance—his driving will. One thinks, too, at random, of the physical sources of personality, the still dimly perceived physical formulae of human character, the not yet clearly comprehended physical framework of human behavior. One wonders about the prognathous Mussolini, his jutting jaw, the bulldog mandible in keeping with his personality and character and behavior.

And one wonders if in embryo his personality and character were predetermined by the same cells that contrived mysteriously to build that jaw—or if the jaw, first purely physical, later became something to live up to. One wonders.

One wonders, too, about the fate, or early manifestation of strong character, or vigilant parent that prevented the infant Benito from sucking his thumb—and pushing that jaw back, and back, until a face was formed that would have inspired no *vivas*, fired no youth to fight and die for Italy, a face with contours suggesting timidity and that would have been ludicrous, only, in exhorting to conflict.

And so you meditate about life's gigantic trifles, and the perhaps mandibular reason that tonight women in Rome and Genoa and in the remote villages of the Italian mountains listen tensely and afraid for news of Addis Ababa and Aduwa, for news of marching men, their marching men—the reason that black women sit tonight listening too, arms thrown in futile gestures of protection about the thin shoulders of black children, as they listen in the stillness for the throbbing hum of terror, the dread death-music of the bombing planes.



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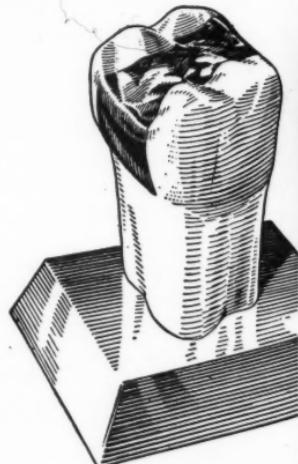
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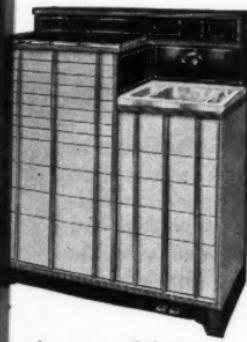
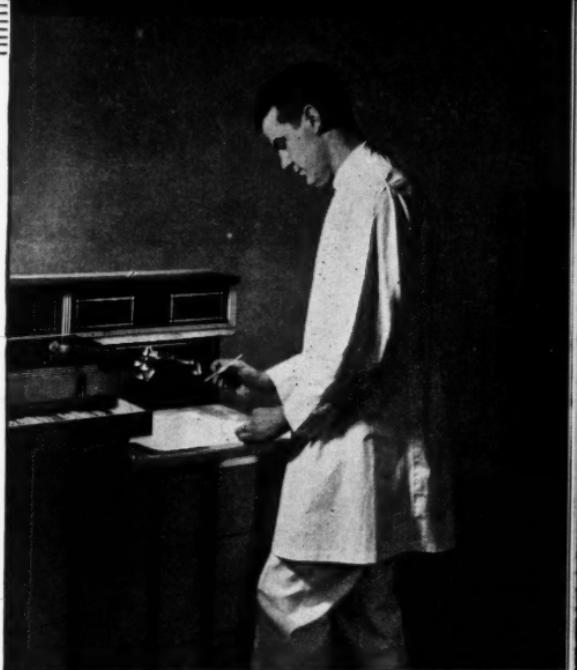
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Consistency of Mix	Time of Setting at 99° F.		Ultimate Compressive Strength		Film Thickness Max.	Disintegration Max.
	Min.	Max.	Min.	Min.		
	Minutes	Minutes	1 Hour	7 Days		
Disk 30 ± 1 mm. in diameter	4	10	Kg. sq. cm. 350 (lb. sq. in.) (5,000)	Kg. sq. cm. 840 (lb. sq. in.) (12,000)	Microns 50	Per cent by weight 1.0

S. S. WHITE ZINC CEMENT	34 ± 1 mm. in diameter	6	9,245	13,797	40	0.14
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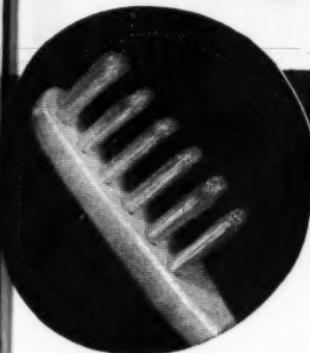
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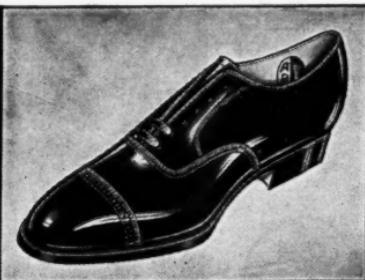
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Vol. 25, No. 11

November, 1935

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Rea Proctor McGee, D.D.S., M.D., Editor Emeritus

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A ONE MAN DENTAL HEALTH PROGRAM

By LEON R. KRAMER, D.D.S.*

■ "The teeth and mouths of the children in the Hanover, Kansas, public schools are in the worst condition I have ever encountered anywhere in my life." This statement was made by F. H. Rhoades, M.D., clerk of the city school board, in the winter of 1919.

On June 7, 1935, the report on dental inspection for the year ending June 1, 1935, signed by the superintendent of the city schools, printed in the Hanover papers, carried this statement: "In the entire school Doctor L. R. Kramer did not find a single permanent tooth that was abscessed or required extraction."

Judging from my own experience, these contrasting statements indicate that income has less to do with adequate dental service than education that stresses the value of dental service over other things on which we spend money. In the years before and during 1919 the people were prosperous. The children wore good clothes; they lived in modern homes; and their parents drove expensive cars. Why should these children's teeth be so terribly neglected? It must be a problem of education. For the past fifteen years I have been carrying on an experi-



*President-Elect, Kansas State Dental Association.

Leon R. Kramer, D.D.S.

ment in the Hanover public schools to prove this point. The project has comprised frequent dental inspection, early correction of defects, and an educational program on the principles of intelligent care of children's teeth for their parents, their teachers, and the children.

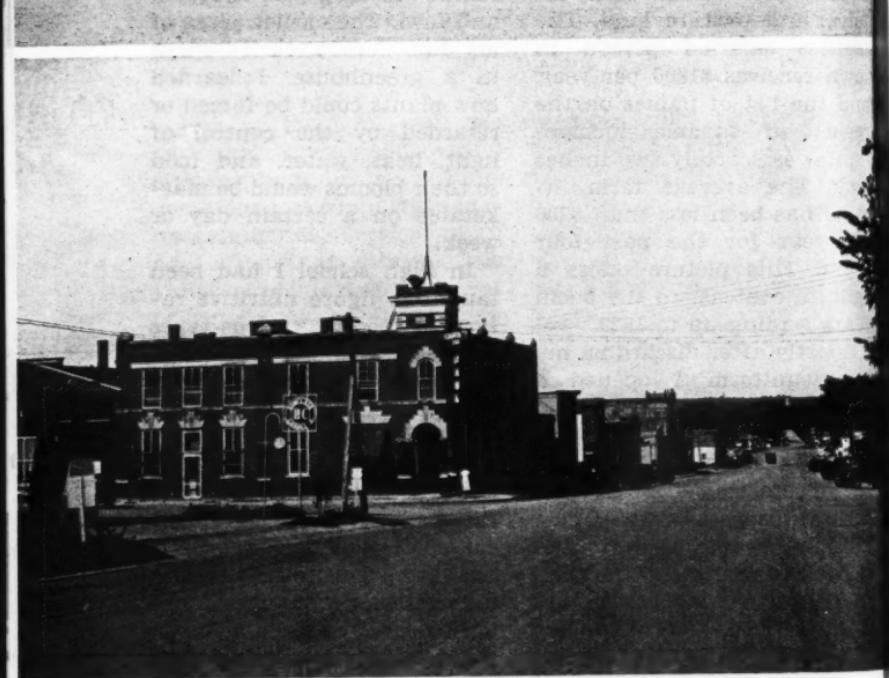
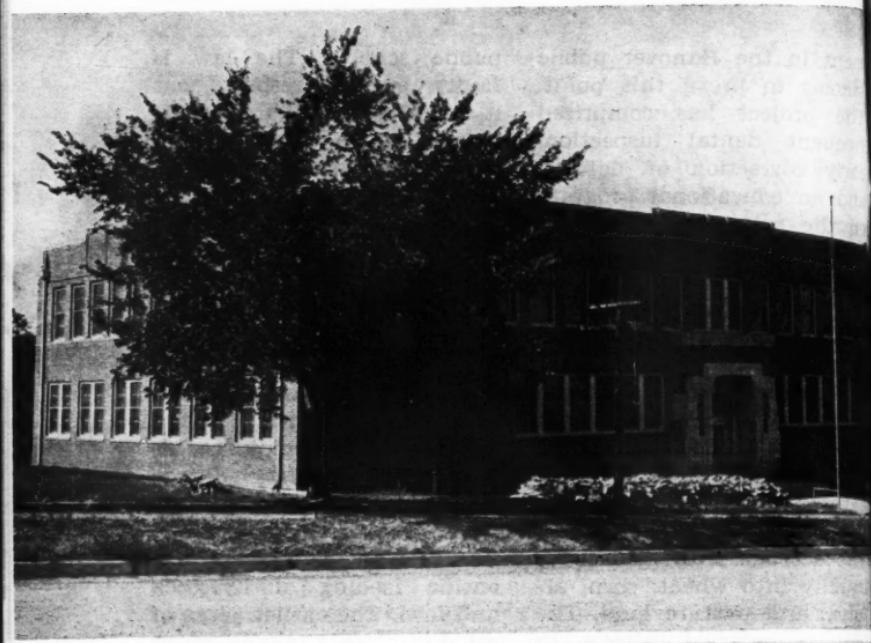
Hanover is a progressive little town, having a number of German residents. It boasts about its population of 847; its electric lights; waterworks; gas; and the improved area devoted to raising and feeding cattle, hogs, and chickens. The acreage is divided about equally into wheat, corn, alfalfa, and pasture land. The highest salaried person in town receives \$1800 per year, and the list of names on the report of taxable incomes (state) is scarcely two inches long. The average farm income has been less than \$700 per year for the past four years. This picture offers a definite contrast to the boom years leading up to 1929.

Shortly after discarding my army uniform I opened a dental office in this little town. A few months later I made an examination of the school children's teeth. This dental inspection was made possible because of the vision of those fine men in the Kansas State Dental Association through whose efforts a law was passed providing for annual dental inspection in all

public schools. The law is faulty in many respects, but it does provide a nucleus around which, by education, an effective system can be evolved, and it has been in effect about 16 years.

My first examination revealed that the condition of these children's teeth was indeed appalling. The examination blanks were literally black with crosses marked over diseased and decayed teeth. These alarming records seemed an outright challenge to me as a dentist and to my previous experience in the field of plant culture and scientific feeding of livestock and fowl. The earlier years of my life were virtually spent in a greenhouse. I learned how plants could be forced or retarded by the control of light, heat, water, and food so their blooms would be marketable on a certain day or week.

In high school I had been taught to figure nutritive ratios for feeding various types of livestock and fowl; how to test grain for potency; and the practical application of this knowledge on the farm. The farmers were talking about vitamins and balanced rations long before the medical profession paid any serious attention to the newer discoveries in nutrition. The agricultural colleges were issuing bulletins covering their experiments on the effect of



*Public School—Hanover, Kansas (Top).
Street scene of Hanover (Bottom).*

sunlight on skeletal structures, controlled feeding, diseases of fowl owing to lack of vitamins, and on many related subjects. Men who fed silage to their young stock complained that their calves would not eat when put in the pasture, because their teeth were soft and frequently loose. They discovered that a mixture of dry hay with the silage made the teeth firmer, so that eventually the calves could eat pasture grass. In other words, plants and animals were receiving better and more scientific attention than the children were. If an animal worth \$20.00 had teeth in as bad a condition as the average child's teeth, something would be done about it immediately.

OBSERVES DIETS

Waiting on table through my college years gave me an excellent opportunity to study the eating habits of hundreds of people. By the simplest deduction I could see that the public I encountered knew little or nothing about a balanced selection of foods. Quite naturally the study of foods became my hobby. Thus, equipped with a knowledge of dentistry, some knowledge of foods, the boldness of youth, and the desire to do something about nutrition, I accepted the challenge.

After considerable thought, I mapped out an educational

program for use in Hanover. The line of attack consisted of four units: To teach the facts about corrective eating, to teach frequent inspection, to teach early correction of abnormalities, and to teach the intelligent care of the mouth. My line of defense was simply the truth about dentistry. In the field of attack were the children, the parents, the teachers, and the members of the school board.

The first question I had to answer was: How will I teach correct eating? I purchased many authoritative books on the subject of nutrition, among others were the books by Mary Swartz Rose,¹ and E. V. McCollum,² college bulletins, and government pamphlets. After reading all this subject matter I found that it simmered down to a few definite, underlying principles not unlike those governing the feeding of other mammals. This matter, I condensed into a pamphlet³ of only a few pages. General rules of health were briefly stated; following this was a simple classification of foods telling the type and function of each group. The vitamins were explained, and the foods

¹Rose, M. S.: *The Foundations of Nutrition*, Ed. 2, New York, Macmillan, 1933.

²McCollum, E. V.: *The Newer Knowledge of Nutrition*, Ed. 4, New York, Macmillan, 1929.

³Kramer, L. R.: *Simple Rules on Corrective Eating*, Hanover, Kansas, 1920.

containing them listed. Functions of foods were also classified in regard to oral benefits, such as nutrition, exercise, and prophylaxis. Acid and alkaline producing diets were explained, and suggestions given on how to build and keep the power of resistance up to par. To avoid the use of the word "diet" I gave it the title, SIMPLE RULES ON CORRECTIVE EATING. Through various channels, over a thousand copies of this pamphlet were distributed. It did the work admirably. As an immediate result the consumption of milk was virtually doubled, and fresh vegetables were available all through the winter months for the first time in the history of this town. It also started active discussion in the women's organizations.

DENTAL HEALTH TALKS

Early correction of decayed teeth was stimulated by annual talks to the children. These talks were so planned that by the time a child had completed the eighth grade he had a good idea of the importance of dental health and the accepted means of maintaining it. These talks were worded and the subject matter planned to cover the ages and mouth development of the individual grades. I have found that in order to obtain the desired reaction in children, after telling them the

facts about their teeth, one must associate the subject matter with their ideals and with persons whom they admire. In my appeal to the boys I often refer to the strong, white teeth of Tarzan; the bright smile of Jimmy Dale; the teeth of Tim McCoy; and many others. In talking to the girls I mention the beautiful and sparkling teeth of Grace Moore, Claudette Colbert, Jeanette McDonald, and the importance of teeth to grace and charm. Thus the dentist becomes associated with their ambitions to acquire either beauty or strength, and the concept of the dentist is changed from "One Who Hurts" to "One Who Helps." A book on child psychology will supply excellent material for a study club program.

The teachers were the first to realize the importance of this program. It was easy to secure their cooperation. They stimulated interest by establishing toothbrush drills and gave awards for the faithful performance of oral hygiene. The fact that the superintendent of our school was sufficiently interested in our program and the ideals behind it to print the report and urge, through the medium of the local paper, correction of dental abnormalities, demonstrated the fine cooperation the faculty has given.

The parents were effectively reached by giving talks at Parent Teacher meetings and by the distribution of the pamphlet.³ The mothers were invited to use my books and material on diet for reference in their club work. It was easy to demonstrate how readily and inexpensively a tooth could be repaired if the cavity was discovered when small; how the cost of repair was little if any more than the expense of extraction; how toothache and sickness can be prevented. In other words, the dentist simply needs to explain the truth. When a mother knows this truth, influenced by the desire to give her child the best chance in life that she can afford, she will be your most faithful ally, and will make every sacrifice to secure the dental service her child needs.

INSTRUCTS BOARDS

We have found it profitable every few years, on account of the many changes in the personnel of the school boards of the county, to appear before their county meeting to explain and teach them the aims and ideals of dental inspection. Each year there are instances in which certain children have been reclaimed out of the class of repeaters by the correction and elimination of oral and throat infections. The point is stressed that each year a child fails

to make its grade it costs the taxpayers one-eighth more to educate that child. If just one tooth is saved for one child in a county school, the saving or gain to that child would more than pay the cost of inspection for ten years for the whole school. I tell the board members that if they could be in any dental office for one week to see the grief to the child, the deterioration of the child's mouth wrought by the extraction of a six year molar, the very keystone of the dental arch, any one of them would become a great enthusiast for the promotion of frequent inspection and early correction to avoid this destruction of one of the child's most valuable assets.

Almost every time that I have been invited to talk, if the subject was not dentistry, I would manage to incorporate some teaching on dental facts. At a recent group meeting of bankers from several counties I was asked for a brief talk. I told them that my limited knowledge of banking only permitted me to point out parallel conditions in the conduct of banking and the profession of dentistry. I developed this subject sufficiently to express the ideals of our profession in relation to public health. These facts must be told to men and women in key positions in business and professional life, whether they are politicians,

business men, members of the clergy, school board members, officers of organizations, or teachers.

Today, with all types of educational material available through the Bureau of Public Relations of the American Dental Association, the numerous study clubs, county, district, state, and national organizations, an effective educational program could be quite easily promoted in every state, county, and town in our nation.

The sacrifice of a permanent tooth in a child's mouth has always impressed me as the result of criminal negligence on somebody's part. The mother and father invariably express horror when they find the tooth to be sacrificed is a permanent tooth, not knowing a fact that should be common knowledge. Who is to blame for this condition? I believe that 75 per cent of the blame should rest on us. The members of the dental and medical professions are the only ones who are qualified to give information concerning public health. These professions have ignored their responsibilities to the public as teachers and leaders in public health movements which would have corrected unsatisfactory conditions.

"Go ye and teach all nations," is the greatest charge ever given to man. The dental

and medical professions are charged with the same sacred obligation in regard to the physical health of the public, as are the clergy in relation to spiritual well being. To teach public health as affected by dentistry is just as important as research and technique in dentistry. Teaching dental care is the department of dentistry that distributes the results of the departments of research and technique.

Thus, with the specter of criminal negligence always pointing its finger at me, I have goaded myself to fashion crude but effective weapons to defeat this apparition. It seemed at first to be an impossible task, but without the aid of the facilities of a clinic, an endowment, or a school dentist, the foregoing educational program has made it possible for me to present the following report, as of June, 1935:

ANNUAL REPORT

Permanent teeth abscessed: None.

Permanent teeth decayed involving the pulp: None.

Permanent teeth to be extracted: None.

Cavities developed in permanent teeth since last year's inspection: 1½ per child.

The foregoing figures include both grades and high school. In grades alone—root particles plus abscessed condition in temporary teeth: .26 per child.

School closed on account of epidemic once in the fifteen

years covered by this experiment: disease—measles; year—1935; mild—physicians called in only four instances.

Repeatingers who made their grades this year: 4.

Total attendance, 200.

F. H. Rhoades, M.D., and clerk of the school board

Hanover, Kansas

helped me to compile these figures. Of the four reclaimed repeaters, we feel that two were aided by the elimination of oral infection; one, by a tonsilectomy; and one, through special work by the teacher outside of school hours.

COLLECTING HISTORICAL DATA

Doctor Manuel M. Maslansky, 119 West 57th Street, New York City, is collecting material for a history of the School of Dental and Oral Surgery of Columbia University, and would appreciate the cooperation of the profession. As the Columbia school is a direct outgrowth of the New York College of Dental Surgery, which was established in Syracuse in 1851 and became extinct in 1855, Doctor Maslansky is particularly anxious to secure photographs of and information about the directors, faculty and graduates of this college.

The faculty included: Amos Westcott, M.D., D.D.S.; A. B. Shipman, M.D.; Thomas Spencer, M.D.; R. F. Stevens, M.D.; Daniel Vandenburg, D.D.S.; Ehrick Parmly, D.D.S.; Corydon L. Ford, M.D., D.D.S.; C. W. Harvey, M.D., D.D.S.; B. C. Lefler, D.D.S.; Homer Adams, M.D.; H. M. Fenn, M.D., D.D.S.; George E. Hawes, D.D.S.

Among the directors were: William Taylor, M.D.; J. C. Stuart, M.D.; Daniel T. Jones, M.D.; P. C. Samson, M.D.; James Foran, M.D.; M. M. White, M.D.; Charles B. Sedgwick, Harvey Baldwin, E. W. Leavenworth, John Wilkinson, George Geddes, Reverend Henry Gregory, George F. Comstock and T. B. Fitch.

The only known graduates were W. W. Allport, 1853, and Edward Augustus Bogue, 1855, but undoubtedly there were others whose names have been lost.

Members of the profession are requested to send any documents or photographs in their possession, or any information, however unimportant it may seem, to Doctor Maslansky, who will photograph and immediately return any papers or pictures entrusted to him.

Doctor Maslansky would also like any pertinent information about the early days and personalities of the New York Dental School (New York City 1892), particularly photographs and histories of C. E. Audelfinger, Mrs. Margarita A. Stewart and George O. Webster, members of its first class.

6

HEALTH INSURANCE

—Why Not a Referendum?

By S. P. RATNER, D.D.S.

■ Discussing the question of health insurance in its relation to the public and the healing professions, one of your contributors, Doctor Seth W. Shields,¹ in the August issue of *ORAL HYGIENE* adopts a novel form of presentation. He represents his thoughts through characters, such as a school teacher, a restaurant owner's wife, a farmer's wife, auctioneer, widow, farmer, retired department store manager, and so on. He acts as a reporter interviewing his subjects in his daily encounters.

Doctor Shields is somewhat apprehensive of the value of his contribution and expresses a fear that "it is possible that my work will be considered just so much drivel." The reader does not get such an impression. On the contrary, the article contains many weighty and pertinent suggestions. It stamps its author as a sincere, though timid, thinker on the subject of economic readjustment of the professions. In quoting his retired department store manager Doctor Shields makes a veiled attack upon the leadership of the American Dental Association and the American Medical Association when his subject says: "What has the

medical profession done along the lines of bettering the economic plight or the present economic system as a whole?" and, "Has not the dental profession, because of some unethical members, reached the state of the bargain basement by using the newspapers to advertise its wares? Painless extractions, fifty cents, for instance!"

Doctor Shields reveals himself as a highly progressive type of a man when he makes his subject say further: "The time has come when the medical profession must organize its intelligence and apply all its efforts in the direction of better distribution and fight the evils of our outlived and decayed capitalistic system." Whether a retired department store manager is

¹Shields, S. W.: What Laymen Say About Health Care Under the Insurance Principle, *ORAL HYGIENE* 25:1096 (August) 1935.

capable of entertaining such thoughts or whether such a person actually believes that the present capitalistic system has outlived its usefulness is a moot question. We doubt it and find it difficult to subscribe to such beliefs. The beast is not altogether powerless and is not likely to succumb to verbal attacks. He manages, somehow, to change his colors and to adapt himself to new conditions.

CHANGES ARE INEVITABLE

We do know, however, that certain changes are constantly taking place in our socio-economic structure and that these changes are inevitable. We know that the machine with its steam and electric power as its motivating force has pushed the *laissez-faire* doctrine into oblivion; we know that the rugged individualism of our early settlers is no longer a vital force in our society. We know that individualism is yielding to collectivism, and to cooperative effort. We know the present leadership in our national government is making a valiant effort to establish a more equitable distribution of wealth and give the masses a chance for a greater share of the abundance of life. It is all too apparent that our present administration is not having easy sledding: conservatives, reactionaries, par-

asites, chiselers, and numerous misguided and benighted citizens are piling up all kinds of obstacles in the way of our President.

Unfortunately, among the latter are found the representatives of the healing professions. It is a well known fact that our President is deeply interested in social welfare legislation, such as, old age security laws, health insurance, unemployment insurance, and so on. It seems natural to assume that all right-thinking persons would stand solidly behind such humane endeavors; particularly those whose life work is actually devoted to preservation of human health and prolongation of life. It was reasonable to expect the healing professions to organize for the purpose of providing adequate care for all the people, regardless of the financial status of the recipients of that service. Such a step would serve two ends: First, the health of the nation would be protected and, second, the dispensers of that service would receive ample compensation in helping their fellow men and in obtaining some form of economic security for themselves.

Instead of recognizing the trend of the times and entering into the scheme of things whole-heartedly and in a spirit of cooperation, the leaders of the healing professions

raised the cry of socialization, regimentation, compulsion, slavery, utopian dreams, and what not. They have blocked every effort on behalf of the general public and vilified all those who dared to speak for the underprivileged and voiceless. The Davises, the Epsteins, the Falks, and others have been made the targets for abuse and vituperation. They were accused of being meddlers and transgressors of our sacred domain, paid agents of insurance companies, publicity seekers, destroyers of private practice, and so on.

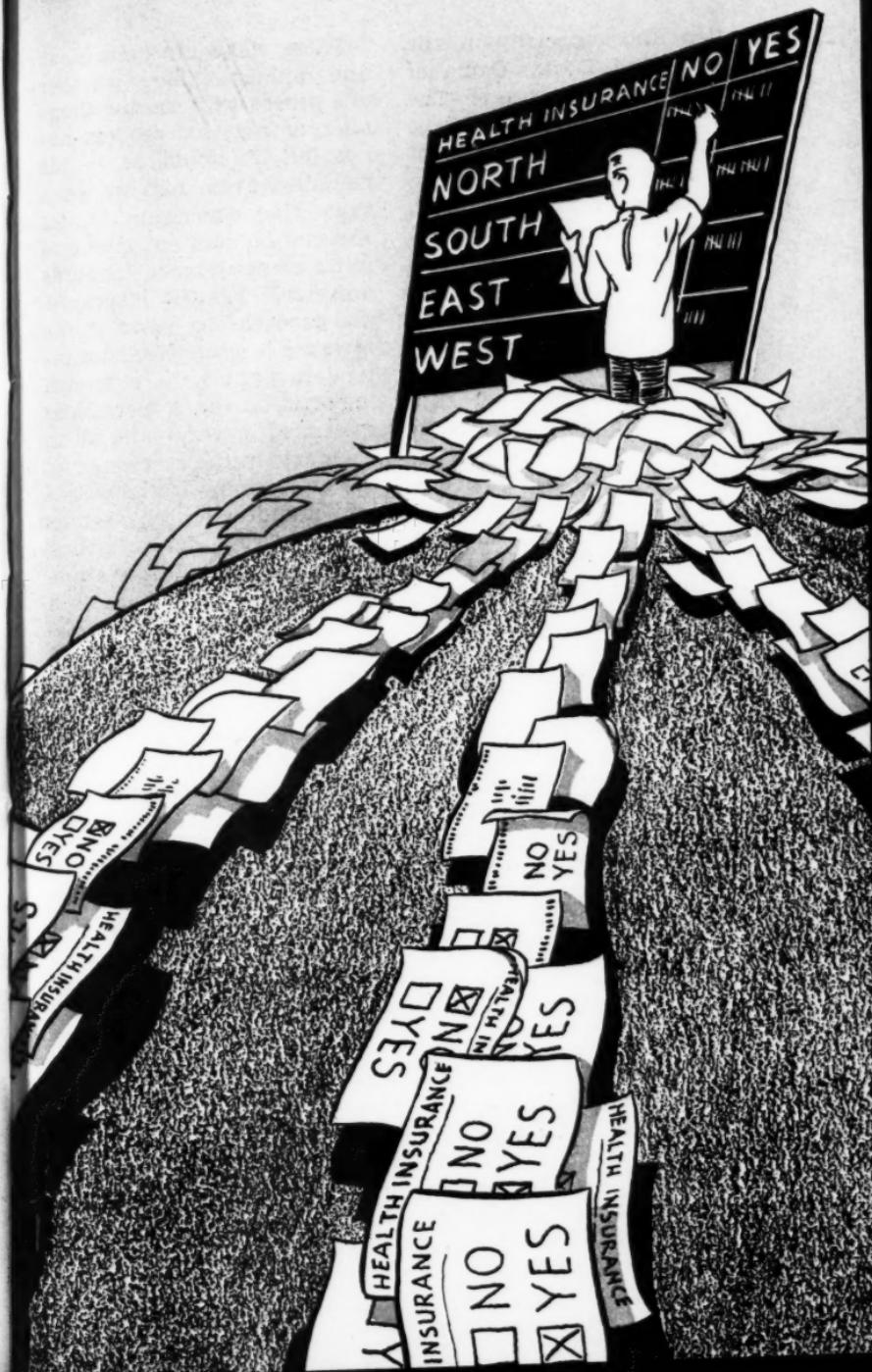
The attitude of our leaders, instead of being of a positive nature, is that of entire negation. The public is virtually left out of the considerations of these leaders. It is the profession that is sacred, and the interests of the profession are to be protected at all costs. Doctor C. Willard Camalier,² a trustee of the American Dental Association, has a great deal to say on this question in the July, 1935, issue of the *Journal of the American Dental Association*. To quote Doctor Camalier at length would be highly desirable but practically impossible. However, some of the passages are illuminating: "So I say to you that, in spite of

all the statements to the contrary, the A.D.A. represents dentistry in the U. S. and its possessions, and its voice should be heard whenever it is necessary for the profession to speak... The Committee on Economics... has for its purpose, among other things, the securing of information in matters relating to social or insurance dentistry and plans in operation or contemplated, and working with the Federal Government and States; in an effort to keep dentistry in line with the new social order of the day or to oppose movements inimical to the interests of the profession."

In reply to those who are dissatisfied with or criticize the policies of the American Dental Association Doctor Camalier has the following to say: "I heartily recommend that very careful and conscientious study be given to decisions by the Board of Trustees and House of Delegates before different action is taken by local groups... as a matter of fact, they (Board of Trustees) prefer to stand in the background; but when such men have considered these matters carefully and have come to a unanimous decision, it is dangerous to proceed along other paths without careful consideration of all of the factors involved."

Speaking of proposed legis-

²Camalier, C. W.: The Place of the A.D.A. in Dentistry in the Dental Economics department, J.A.D.A. 22: 1244 (July) 1935.



lation and especially of the Epstein Bill, Doctor Camalier has the following to say: "The entire bill would have to be rewritten, practically all of the ideas of sociologists and politicians being scrapped, and a bill written by the profession substituted; which is obviously impossible to even conjecture. I say that this Epstein bill violates all of these principles, and to jeopardize the interests of this profession to place a provision therein which would give dentistry a place in this administrative and political set-up is contrary to my ideas as to the best method of protecting the interests of the profession." And further: "As it is, if members of the A.D.A. and A.M.A. stand shoulder to shoulder and notify these despilers of the health professions in the United States that we oppose the foreign schemes which have proved so disastrous and those which have here come to light, we will have vastly greater opportunities for protecting our interests."

UTOPIAN DREAM

As a sort of summary he expresses his opinions in the following words: "It is a Utopian dream, not at all feasible, and could come to pass as the professions might desire it when some era arrives similar to the millennium."

These views are quite clear and unmistakable: whether one agrees with Doctor Camalier or not, his readers are not left in doubt as to his meaning. From him we learn that the American Dental Association does not intend to initiate any move towards universal health insurance, *not even the adoption of the measure in principle*. They intend to fight it as a foreign importation, as a pernicious system of slavery—and all in the name of the sacredness of the profession, with its guardians standing watch over its temple. Truly, no priests of any sacred temple have displayed such truculence, such haughtiness, such utter disregard for the welfare of the people as do these spokesmen for the professions.

And what will the public, or rather those who represent them, think of our profession? Will they accept such statements as the final word on such a vital question as the health of the nation? After all, the medical and dental professions constitute a small minority. True, they cannot be supplanted, nor can they be ignored. But neither can they stand public opprobrium. Sociologists, welfare workers, foundation representatives, labor leaders, representatives of our government are not necessarily "despoilers of the health professions"; nor can the entire question of health

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insurance be brushed aside by dubbing it a "pet project."

Fortunately, as a well known Greek philosopher remarked, the wisdom of the world does not reside in one individual nor in any group of individuals.

The rank and file of the medical and dental professions are not blindly following their spokesmen. Throughout the length and breadth of this country social insurance is being openly discussed and the consensus of opinion is not necessarily that of our leaders. It is the duty and right of the membership to discuss it and bring their opinions to the notice of their representatives.

Doctor Shields is right. His closing paragraph sums up the attitude of the general practitioner to the policies of the American Dental Association. Says he: "The man who makes a living from the practice of dentistry is the one who will be benefited or ruined by health insurance, should it be established, and not the wealthy practitioners who sit in elaborate offices and all too often dictate the policies of the profession in Hitler-like terms!"

31-58 Steinway Street
Long Island City, New York.

The American Dental Association has some forty thousand members. There are other organized groups of dentists. Why not give them a chance to express their views by the truly American method of the ballot? That should not prove too difficult a task and would give our representatives both a moral and legal right to speak on behalf of their constituents, no matter what the outcome of the poll might be. As matters stand now, our spokesmen are pursuing a dangerous policy, arbitrary in nature, undemocratic in principle, and impolitic in its relation to the public.

EDITOR'S NOTE: In connection with this interesting article we refer our readers to the ORAL HYGIENE Health Insurance Poll conducted in the January, 1935, issue. It was an effort on the part of this publication to conduct a referendum among its readers with a view to determining their attitudes on the subject of health insurance. In conducting the Health Insurance Poll, we did not set out to prove anything; but rather, to discover. An analysis of the final returns from this poll and an editorial interpretation of these returns were published in the March, 1935, issue of ORAL HYGIENE.

How Frank Norris Came to Write

McTEAGUE

By J. CLAUDE PERRY, D.M.D.

■ Dumont¹ met Frank Norris at the Bohemian Club in San Francisco one day and asked him how he came to write McTEAGUE.² Norris replied:

"Well, one night I had a hell of a toothache. My regular dentist was closed for the day, so I sought the nearest one. At Sutter and Polk

Streets in San Francisco there were a number of dentists. I hurriedly went down there. I saw a sign; it read 'Dentist, Gas Given.' I went in. The office was dilapidated and the dentist slovenly and unkempt, with bushy hair and great big hands and a brusque manner.

¹Harry Dumont, a personal friend of mine and poet of some note, who has published a number of books, was a friend of George Sterling, Jack London and Frank Norris, and he told me this story of How Frank Norris Came To Write McTEAGUE.

—J. Claude Perry, D.M.D.

²Norris, Frank: McTEAGUE, New York, P. F. Collier & Son, 1899.



He wore a dirty white coat, the kind the barbers used to wear in those days, and he smelt of stale beer. However, the pain was fairly killing me. I had slept but little for several days and I wanted the tooth out.

"He seated me in an old-fashioned chair. It wasn't a dental chair, I know. It looked more like an old-fashioned barber's chair; one that must have come out of the Ark, for the upholstery was frayed and worn. The 'doctor' took one look at the tooth. Said he: 'It's gotta come out.' I believe to this day he liked to get those big hands of his on a pair of forceps and pull, yes, literally yank out a tooth, and I guess the more there were the happier he would be.

"All right, doctor," I said. "Take it out! anything to get rid of this pain."

"I'll have to give you gas," said he. "Just a minute while I get the machine going."

In those days dentists made their own nitrous oxide. The gas container was a huge thing, about three by six feet. The ammonium nitrate was placed in a retort, heated, and the fumes were collected in the container. If the dentist had many extractions during the day he had some difficulty with his anesthesia.

They used to call it laughing gas: it is a misnomer. I have given it in the old days,

numbers of times, but I never saw a patient come out laughing; they mostly cry or are otherwise distressed.

"McTeague went to his machine," said Norris. "I heard a hissing noise. I was fearful of the results but looking again at his big hands I felt he would get out the offending tooth; maybe he might break my jaw in doing so, but jaw or no jaw I was going to have that awful tooth out.

"Placing a hood mask over my face, he told me to breathe deeply and I was soon asleep. During the time I was under the gas, I dreamed. I guess they all do so, they tell me. When I awoke the story, at least the synopsis, of McTEAGUE was born.

"The woman in the hallway cleaning the stairs became McTeague's woman in the story, but the poll parrot and the canary were really in the office of the man who extracted my tooth.

"When I had recovered, I asked him his charges. He replied, 'Fifty cents, but you ought to let me fix up all your teeth.'

"I didn't mind the extraction, although I felt I had placed my life in his hands for that extraction. But I didn't like to take a chance with the few teeth I had left.

"And that's how I came to write the story of McTEAGUE."

See next page for further comment.

FURTHER COMMENT*

One never knows what to expect in a letter from California. It may be a new panacea for economic disasters, a utopian plan for the dental profession, a broadside on the merits of oranges, or merely a plea for bigger and better publicity for kelp. But it is seldom as interesting as this letter I found in my mail one morning from J. Claude Perry, telling me the true story of how Frank Norris came to write *McTeague*.

As I read it I found myself trying to visualize the slovenly dentist and the queer old-fashioned office Frank Norris had discovered that night an untimely toothache sent him peering at dilapidated signs along Polk Street. Then I became curious to know what kind of a dream Norris had about *McTeague*; so curious in fact that I hunted up the book and read it.

I found that the central character in it not only looks but talks and acts like the Polk Street dentist who extracted the tooth for Norris. *McTeague's* "great big hands" became in the story "enormous, red, and covered with a fell of stiff yellow hair . . . hard as wooden mallets, strong as vises, the hands of the old-time car-boy." Of their strength and effective-

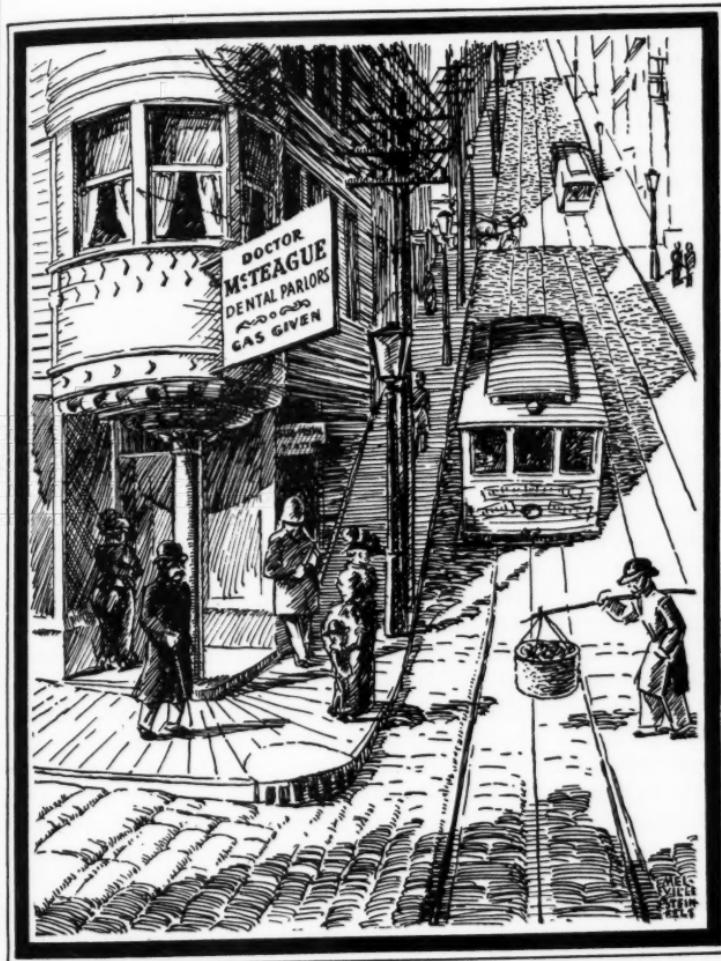
ness Norris says, "Often he dispensed with forceps and extracted a refractory tooth with his thumb and finger." Again and again Norris refers to *McTeague's* enormous hands as if to emphasize the dentist's size and superior brute strength in contrast to his sluggish mentality.

In the story *McTeague* shows a positive distaste for the modest sign to which Norris refers, "Dentist, Gas Given." It is the one disappointment of his new "Dental Parlors" on Polk Street. His great ambition is "to have projecting from that corner window a huge, gilded tooth, a molar with enormous prongs, something gorgeous and attractive."

As for the poll parrot, I don't know what happened to it in the book, but the canary is there from the first page to the last. It is a yellow canary in a gilt cage, *McTeague's* constant companion in his dental office, through all his wanderings, even to the end in the desert. And it is no ordinary canary: by some mysterious process Frank Norris kept it alive three days in the intense heat of Death Valley, although he admitted that it was half dead.

In reality the canary becomes part of the symbolism of the book. As the story develops into a study of the effects of greed and miserliness

*Written by MARCELLA HURLEY,
Editorial Staff, ORAL HYGIENE.



on the characters, the insistent reference to gold as a malicious influence becomes more and more evident. There is the yellow canary in a gilt cage; the huge gold tooth; the dinner service of gold plate; the twenty-dollar gold pieces; the gilt paint on Noah's Ark; the golden sun-

shine on the floor; and the golden tints of the Panamint Hills. In his effort to pile up realistic details and impress them on the mind of the reader, it seems to me that Norris rather overemphasizes the theme of gold, although I admit he does get the effect he seeks.

The story belongs to that period in dental history when dentistry was taught for the most part by the preceptor method rather than in dental colleges. McTeague, around whom the story centers, was a miner's son, but his mother did not intend that he should be one. She was determined that he would "rise in life and enter a profession." Perhaps her hopes would never have been realized had not an itinerant dentist happened to stop his wagon near the mine one day. He was a charlatan, but "he fired Mrs. McTeague's ambition for her son" and she sent McTeague off with him to learn the profession of dentistry by traveling from one mining camp to another. Watching the charlatan operate McTeague learned something about dentistry; and he even read a few books, but he was too stupid to get much benefit from them. Sometimes he sharpened the excavators and put up notices in towns in the post offices and on the doors of the Odd Fellows' halls.

At length he cut loose from the charlatan, opened his "Dental Parlors" in Polk Street, San Francisco, set up his old-fashioned operating chair, fastened his canary's cage over it, and began to practice dentistry. But not until he was able to hang "a huge gilded tooth" next to his sign was he really happy.

Then he felt he was a full-fledged dentist.

Day after day from the round bay window of his office, McTeague looked out on the sights of Polk Street:

There were corner drug stores with huge jars of red, yellow, and green liquids in their windows, very brave and gay; stationers' stores, where illustrated weeklies were tacked upon bulletin boards; barber shops with cigar stands in their vestibules; sad-looking plumbers' offices; cheap restaurants, in whose windows one saw piles of unopened oysters weighted down by cubes of ice, and china pigs and cows knee deep in layers of white beans.

For almost twelve years McTeague practiced his profession on a varied clientele of shop girls, butcher boys, plumbers, drug clerks, and car conductors of Polk Street. Then one morning he was jarred out of his comfortable routine. He saw a "flat oblong envelope" come through the letter-drop in the door of his "Parlors." In it was a printed notice informing McTeague that, because he had never received a diploma from a dental college, he could no longer practice his profession.

McTeague was stunned. He cried out in bewilderment, "Ain't I a dentist? Ain't I a doctor? Look at my sign, and the gold tooth. . . . Well, I ain't going to quit for just a piece of paper."

But he did. And the rest of the story of McTeague is the study of a man shut out from

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the practice of a profession that had become a habit to him; a slow thinking man with brutal, primitive strength lifted from his accustomed groove, driven, tortured, and finally defeated by forces which he did not even recognize.

The first part of the story with its precise analysis of sordid lower class life in San Francisco is more convincing,

I think, than the last. I grew tired of McTeague's sensational flight through the mines. And I didn't like the melodramatic twist at the end. But in the main Frank Norris has based his story on reality, presenting a powerful and a truthful picture of a man's futile struggles to adjust himself to a changing social and economic order.

DENTAL MEETING DATES

Marquette University Dental Alumni Association, twenty-ninth annual meeting, Marquette University Dental School, Milwaukee, November 20-23.

Greater New York December Meeting, Hotel Pennsylvania, New York City, December 2-6. Official program will be mailed on request. Address Room 106A, Hotel Pennsylvania, New York.

Ohio State Dental Association, seventieth annual meeting, Neil House, Columbus, December 2-4.

Chicago Midwinter Meeting, Stevens Hotel, February 17-20, 1936.

Tennessee State Dental Association, sixty-ninth annual meeting, Hotel Peabody, Memphis, May 11-13, 1936.

STATE BOARD EXAMINATIONS

The State Board of Registration and Examination in Dentistry of New Jersey will conduct annual examinations beginning Monday, December 2, and continuing for five days thereafter. For complete information write Doctor John C. Forsyth, 148 West State Street, Trenton.

The State Board of Dental Examiners of California will examine for license to practice dentistry and dental hygiene, San Francisco, December 16. For complete information write Doctor K. D. Nesbit, 450 McAllister Street, San Francisco.

A Tale In THREE LETTERS

By JOHN PHILIP ERWIN, D.D.S.

Doctor John P. Erwin
Fifth and Market Streets
Perkasie, Pennsylvania

My dear Doctor Erwin:

In the summer of 1904, I was a second lieutenant in the old Second Regiment of the Pennsylvania National Guard and we had our summer encampment at Perkasie. During camp I developed a most awful toothache, and I borrowed the Battalion Adjutant's horse and rode into Perkasie hunting for a dentist.

The infernal tooth was hurting me so that I never thought of the small item of putting any money in my clothes to pay the dentist's bill. When I reached the town, I inquired where I could find a dentist and was referred to some dentist's office. He very kindly removed the filling and relieved the pain entirely. When I asked him what his charge was, he mentioned a small sum—I have forgotten the exact amount—but to my chagrin I didn't have a blessed cent in my pocket to pay the bill. I neglected, or forgot, his name, so consequently the bill has never been paid.

Just today, I met a Mr. Oscar H. Byers, proprietor of the Union Hotel, and he told me that, so far as he could tell, you were the only dentist in town at that time; so I think that you must be the good samaritan who came to my rescue. If you have any recollection of it or remember a young second lieutenant in the National Guard thirty-one years ago, I shall appreciate it if you will send me a bill and I shall be glad to pay it. I remember distinctly that the dental engine used by the dentist was worked with a pedal and that he was extremely careful and gentle and got out the filling, made out of solid concrete, with as little pain as possible.

Hoping that I have at last located my benefactor, I remain,
Yours very truly,

SAMUEL M. LEEMAN

Philadelphia, Pennsylvania
August 13, 1935

Mr. Samuel M. Leeman
Philadelphia, Pennsylvania.

Kind Sir:

Your letter of August thirteenth quite naturally gave me a real thrill. It was the first time I have been fortunate enough to have been connected with such a "Believe it or not." We frequently read of such singular happenings but only a few of us ever experience them.

During the week to which you refer I was kept very busy caring for the toothaches of men from your camp. Such an untoward event as a forgotten fee—there were several—I have completely forgotten. I do remember, however, that the average of payment delighted both me and my purse.

And now your bill—a dinner at the Reading Terminal Restaurant, Philadelphia, *in your company*. Of course, if I am presuming too much, let me know.

Again thanking you for your thrilling letter,

I remain cordially,

JOHN PHILLIP ERWIN, D.D.S.

Perkasie, Pennsylvania
September 9, 1935



Doctor John P. Erwin
Fifth and Market Streets
Perkasie, Pennsylvania

My dear Doctor Erwin:

I was delighted to receive your letter of September ninth and will be happy to see you at any time that you are in the city.

I will be more than pleased to take you to lunch, and if you had any conception of how that damned tooth was hurting me thirty-one years ago, you would think that a lunch was a mighty small fee to charge.

With best wishes, I am

Yours very truly,

SAMUEL M. LEEMAN

Philadelphia, Pennsylvania
September 14, 1935

The New Jersey Dental Project FOR CHILDREN

By J. M. WISAN, D.D.S.*

■ Most public health projects are evolved in three stages: First, the importance and significance of a disease is discovered; second, the prevalence of the disease is determined; and third, preventive techniques are perfected. A study of the history and development of public health dentistry will reveal that the significance and prevalence of dental disease have received increasing consideration among public health authorities. At present, health agencies are studying the etiologic factors concerned with dental disease as well as procedures to reduce the incidence of mouth ailments.

The New Jersey State Dental Society has attempted to improve dental health by promulgating The New Jersey Plan of Dental Health Education and Service. It seeks to inspire more widespread interest in the dental problem by educational devices, and to assume leadership within the state in providing dental service for the indigent.

In dealing with the latter phase, dental care for the indigent child has been stressed. This article will offer a brief description of the New Jersey Children's Dentistry Project, presenting information so that the reader may analyze the procedures and determine the feasibility of the plan.

A public dental health plan for indigent children, to be practicable should:

1. Be supervised by the dental profession.
2. Contribute to the progress of dental science and public health.
3. Be conducted in accordance with authoritative dental knowledge.
4. Be economical.

The Children's Dentistry Project was sponsored by the State of New Jersey Department of Public Instruction as a project of the Federal Relief Administration. With the State Department of Public Instruction determining the administrative policies, the *New Jersey State Dental Society* deciding upon professional policies and criteria, and the New Jersey Emer-

*State Supervisor, New Jersey Children's Dentistry Project.

D.S.*

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Children being taken to the dental office by a nurse employed on the New Jersey Project for Children.

gency Relief Administration controlling the allocation and expenditure of funds, it was possible to promulgate a well coordinated program.

The New Jersey State Dental Society was represented by the E R A Dental Advisory Committee, appointed by its president. A state supervisor recommended by the Committee was appointed to put the program into effect, to organize and coordinate the efforts of the county supervisors, likewise appointed by the Committee. It may be seen from this that the program had the advantage of the supervision of those who under-

stood dental problems; namely, the representatives of the organized dental profession.

Since the Council on Mouth Hygiene of the New Jersey State Dental Society had, over a period of years, investigated dental service programs in the United States and foreign countries, and had cooperated with the New Jersey State Department of Public Instruction in publishing the bulletin, **SCHOOL DENTAL SERVICE PROGRAMS**, the New Jersey State Dental Society was in possession of the facts necessary for introducing a state-wide dental service program. Instructions designated by

CD-12

STATE OF NEW JERSEY
DEPARTMENT OF PUBLIC INSTRUCTION
Division of Physical and Health Education

APPLICATION FOR TREATMENT

Children's Dentistry Project
Emergency Relief Administration

I am unable to pay for dental treatment. I therefore request that the teeth of my child _____ be treated by the Emergency _____
Name of child _____
Relief Administration dentist operating under the supervision of The State Department of Public Instruction and The New Jersey State Dental Society.

Signature of Parent or Guardian

(This request must be countersigned by a school administrator or delegated representative).

As a result of investigation, I hereby endorse the above application for treatment.

Signature

Fig. 1

the state dental supervisor in collaboration with the E R A Dental Advisory Committee were prepared for the dentists whose operations were supervised and inspected by members of the Committee as well as by the state and county supervisors.

CONTRIBUTES TO PROGRESS

The data made available as a result of the program will undoubtedly contribute to the progress of dental science. This is certain in view of the fact that more than 371,000 children of urban, suburban, and rural communities of various economic levels were carefully examined for dental defects and 62,046 indigent children were treated.

The services rendered thus far have indicated the possibilities of a state-wide dental service program based on preventive procedures. The care of younger children, especially the treatment of structural imperfections, has presented itself as a practicable procedure for the improvement of dental health.

If the New Jersey program is applicable to other states, the dental clinic will function primarily in the poorer districts and will be used for research and study in hospitals and dental schools.

It seems that the private dental office is destined to play a more prominent role

in public dental health programs. The New Jersey project indicates that, properly supervised, the private office may become the most practicable and economical medium for a public dental service program.

On the basis of the number of operations performed, the cost of the Children's Dentistry Project was approximately 32 per cent less than the cost of local school service programs. When it is considered that equipment, installation, and maintenance were not included in the cost of the school clinics, it may be realized how economical a dental service program, using the private dental office, may be to the community. It may be mentioned at this point that the equipment in the average dental office is far superior and more complete than the equipment in most school dental clinics.

The fact that the New Jersey program included professional supervision which was not provided in the local programs, and that the dentists on the project were paid more on an hourly basis than almost all of the dentists in the local school programs, makes the foregoing cost analysis more significant.

ACCOMPLISHMENTS

No. of examinations	376,677
No. of children treated	62,046
No. of completed operations	343,534

CHAPTER 116

AN ACT to protect hospitals, sanitariums, dispensaries, and clinics from impostors

BE IT ENACTED by the Senate and the General Assembly of the State of New Jersey.

1. Any person who shall obtain free or at greatly reduced rates care or treatment, or medicines, or surgical treatment or dental treatment from any hospital, sanitarium, clinic or dispensary, either public or private, upon false representations as to his or her ability to make payment for same shall be a disorderly person, and upon conviction shall be fined not to exceed fifty dollars or imprisoned not to exceed ten days, or both.

Approved February 23, 1918.

Fig. 2

No. of dentist hours 70,819
No. of school districts participating 357

PERSONNEL

150 dentists
85 dental assistants
4 secretaries
9 district supervisors
1 state supervisor

Types of treatment given:

1. Examinations
2. Prophylactic cleanings
3. Amalgam restorations
 - a. Structural defects in the enamel are filled.
 - b. All carious cavities in posterior permanent and deciduous teeth are filled with silver amalgam.
4. Silicate restorations
5. Extractions
 - a. Deciduous
 - b. Permanent. As no pulp treatments are rendered, teeth with pulp involvements are removed.
6. Roentgenograms
7. Vincent's Infection treatments
8. Cavity linings. Deep cavities are lined to protect the pulp.

Referral of Patients: Chil-

1143 East Jersey Street
Elizabeth, New Jersey

dren on relief and near relief are treated. The application form C D 12, Fig. 1, must be signed by parent and investigatory personnel before child is treated.

Selection and Payment of Dentists: Dentists employed on this project were selected under the regulations of the Emergency Relief Administration. Only those in need of financial assistance were employed. The State Dental Society designated for appointees the maximum net income for an unmarried dentist as \$25.00 per week; for married dentists as \$35.00 per week with \$5.00 allowance per week per dependent. Supervisors were considered administrative officials and were exempt from this rule. Appointments were recommended by the Committee representing the State Dental Society and were investigated by county relief directors.

Operating dentists were paid \$3.75 per hour and were permitted to operate a maximum of eight hours per week, permitting them to earn \$30.00 per week.

Health Insurance Is Not THE ANSWER

By JAY VOORHIES

■ "The practice of dentistry under health insurance, as it now exists in Europe cannot provide adequate dental service for the public, according to American standards, without destruction of middle-class dental practice."

That is the conclusion reached by Doctor George Wood Clapp of New York, who returned from Europe in September following a four months' study of dental practice under the various systems of health insurance in Europe. His trip took him through thirteen countries in which dentistry has been practiced under health insurance long enough for the effects to become apparent.

That also is the warning he hopes to drive home to the dental profession this fall and winter, so that it may be fully awake to and prepared to combat the dangers inherent in the various schemes for practicing dentistry under health insurance, now being proposed by welfare agencies throughout the country.

And Doctor Clapp went still further in saying, "No nation has yet found any solution that gives the public a dental service which even approaches good American standards and which preserves the pro-

fession from destruction."

The increasing agitation for health insurance in this country, the growing importance being assumed by discussions of the subject in the dental press and society meetings, together with the lack of any more than largely hearsay evidence on the subject, determined Doctor Clapp this past spring to go abroad and get some first hand information. He sailed from New York in May and conducted his surveys in England, Scotland, Norway, Sweden, Denmark, Germany, Poland, Russia, Austria, Czechoslovakia, France, Belgium and Holland. Among these he considers the developments in dental practice under health insurance in England, Norway, Denmark, Germany, Austria, France, and Holland of the most importance to the profession in the United States.

Wherever he went, Doctor Clapp found that the practice of dentistry under health

insurance was stifling professional initiative and scientific progress. Everywhere there was a steady and relentless submergence of the professional phases of dentistry under the mechanical. The ultimate effect was to relegate the dentist to the position of a mere mechanic and to eliminate the dental mechanic entirely; except that in some cases there seemed a tendency to turn over denture work, as a mechanical procedure, to mechanics.

That insurance dentistry might lead inevitably to that situation seemed possible, Doctor Clapp explained, because nowhere did a dental practice under health insurance offer sufficient financial returns to the vast majority of dentists to make dentistry attractive as a profession. The effect of this was already becoming noticeable in some of the countries studied. Not enough young men are entering the profession each year to replace the normal loss through retirement and death.

Dental ideals and practice are on a higher level in the United States than in any of the countries of Europe, according to Doctor Clapp. For this reason, dentistry under health insurance, cramping personal initiative and setting low fees to which middle-class private practice is being steadily and inescapably

dragged down, presents a particularly serious threat to American dentists and the American public. Far from being a threat limited to the profession, dentistry under health insurance involves the future of everyone in any way identified with the highly organized and specialized economy which the dental profession has built up to serve it. All will be drawn inevitably into the mill and those who emerge will be considerably flattened out, with all incentive to individual initiative, progress, and advancement removed in the leveling-off process.

Doctor Clapp will probably appear before numerous dental societies during the fall and winter and present the results of his studies in Europe. Most of the facts on dentistry and health insurance which he accumulated during his surveys are not well known here and are of such a nature that they could not be learned by any amount of study made in this country. He considers them of the utmost importance to the profession.

Editor's Note: Doctor Clapp's observations on the demoralizing influence of practicing dentistry under health insurance, as it now exists in European countries, coincide precisely with those of Doctors Frank M. Casto, President; George B. Winter, President-Elect; and Arthur C. Wherry, Past-President of the American Dental Association, who have just completed a detailed investigation of compulsory health insurance systems in European countries.

EDITORIAL COMMENT

*Give me the liberty to know, to utter,
and to argue freely according to my con-
science, above all liberties.—John Milton*

RESEARCH IN HUMAN TERMS

■ In a recent publication¹ one of the co-recipients of the 1934 Nobel Prize in medicine, Charles R. Minot, M.D., stresses the need for clinical investigation. He emphasizes that those dealing with disease and its many manifestations should develop their ability to observe; that laboratory techniques and the instruments of precision cannot be substitutes for the use of the senses. Another writer² has developed the thesis that there is a definite relationship between certain mental states and types of skin disorder. A physician who discussed this paper³ made the pertinent comment: "This is a return to clinical medicine, and Dr. Stokes has laid a splendid foundation to the pioneer backtrail to the art of medicine."

Research, a pretty word and one that often falls seductively upon the ear of younger men, suggests a form of intellectual adventure. The exploration of the unknown, the marching on beyond the frontiers of the Now, combat with indescribable forces—all these are part of the adventure of research. Research, regardless of what syllable one insists the mark of accent falls upon, does not require the calculations of trigonometry or formulae expressed in the symbols of Space-Time. Research is essentially a searching again and into, a careful re-examination. The subject may be as old as recorded history: another searching into the phenomena of plant growth, for

¹Minot, G. R.: Clinical Investigation: Physician and Patient, J.A.M.A. 105:641 (August 31) 1935.

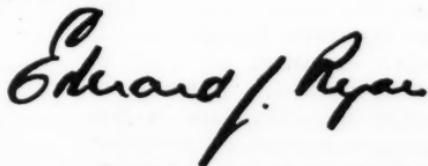
²Stokes, J. H.: Functional Neuroses as Complications of Organic Disease, J.A.M.A. 105:1007 (September 28) 1935.

³Tauber, E. B.: Footnote 2, Abstract of Discussion, J.A.M.A. 105:1013 (September 28) 1935.

example. The subject may be as new as studies in the aeronautics of the stratosphere. Anyone who has eyes to see and ears to hear can be a research worker. Unlettered gardeners may have the audacity and the imagination for research; the toga of the doctorate may stifle the spirit of intellectual adventure.

We record in this issue⁴ a piece of research expressed in human terms rather than in the impersonal charts and with the austerity of our scientific publications. This project represents research plus education, which should be the objective of all original scholarship. Theses filed away in libraries do society no good. Discovery plus the translation into social accomplishment should be the ambition of scholarship. This is research vitalized. The genuine scholars of the world are not too timid to recast their discoveries into human terms and human explanations. The pompous pedant is often more concerned with the esoteric than with anything that touches life. His research in the depersonalized zones of science may represent an escape from reality—but this is a matter for the psychologists.

Research requires imagination and observation. Education of the public requires energy, enthusiasm, and mixing with people and learning their feelings. It is one thing, for example, to prove by the scientific method that frequent examination of the mouth and early correction of dental abnormalities will reduce the serious sequelae of dental disease. This has been done time and time again. It is quite another thing to go out into the field of practical life and convince persons of all age groups, varying educational backgrounds, and from different economic levels of the truths of research. Doctor Kramer's work in the little town of Hanover, Kansas, is a fine example of what one man with energy, imagination, and perseverance can do to educate the children, parents, and teachers of a community in dental health. It is a comparatively safe guess that one man in a community or many men in a dental society with this point of view can do more than barrels of ink and tons of paper expended in so-called educational publicity—for which the public pays the bill.



⁴Kramer, L. R.: A One Man Dental Health Program. ORAL HYGIENE 25: (November) 1935.

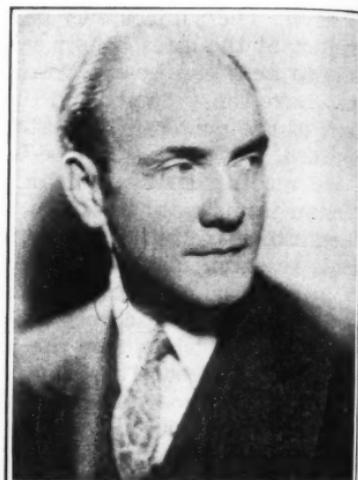
By EARL CARROLL

Teeth in the

BEAUTY

ENSEMBLE

■ In scheduling points of beauty for the selection of girls for my theatrical productions, and in acting as judge in beauty contests, as I am frequently called upon to do, I have listed teeth as fourth in importance. But, as a matter of fact, teeth should be placed first. The only reason teeth do not lead the list of beauty points is because natural beauty first of all demands a pleasing ensemble of contour, features, and coloring. We know, however, that an otherwise homely face is often enhanced by a set of even, attractive, white teeth; while a pretty face is frequently marred by irregular, improperly spaced, or neglected teeth. These commonplace



facts are mentioned merely to assign the reason for relegating teeth to a lower place than they should have in the list of details in selecting beauty.

When judging a girl for beauty I divide the list of qualifications into ten parts and award 10 per cent to the candidate for perfection in any one of the divisions. The divisions are as follows:

General Features
Skin
General Coloring
Teeth
Eyes
Hair
Hands
Feet
Personality (Charm)
Age

During the making of im-

portant awards of beauty titles I subdivide each of these divisions by three, *A*, *B*, or *C*. A girl may rate *A* in nine divisions and get a *B* or a *C* in one other. It is an intricate system, but it is effective and authoritative. To adjudicate beauty properly in this manner is also a tedious task. But when you are all through, and you have been able to select the successful candidate who has measured up to the standards in each division, the result is worth the trouble. The winner of such a grilling test, when compared with a group of average beauties, is so outstanding that one is surprised at not having been able to discern her perfection at the outset.

THE MOTIVATING CAUSE

Considering the important division of teeth, it is easy to give reasons for their importance. While "personality" or "charm" is far down on the list of beauty divisions, this attribute is possibly the motivating cause of the girl's allurement. And a charming personality is always a smiling one. But a smile is a detriment if it reveals any imperfections of the teeth. The knowledge of blemishes inside the mouth will invariably make a girl self-conscious and consequently restrained. The self-imposed restraint is exercised in order to avoid

unnecessary revelation of the known blemishes; and any affectation of this kind produces unnaturalness, which detracts seriously from beauty.

THE UNUSUAL PHENOMENON

The intrinsic value of teeth in the beauty ensemble cannot be overestimated. To begin with, beauty is anything that creates a pleasurable emotion. Correctly spaced, evenly matched, white teeth remind one instantly of pearls—the most titillating of the gems. And by this simile I can rate teeth of the same value, in beauty; a perfect tooth being as valuable as the most perfect pearl of the same size to be found. If there is any difference in intrinsic value, I would award the favorable balance to teeth. Not only I, myself, but other professional judges of beauty, will have their attention arrested more quickly by a set of perfect teeth than any other beauty feature. As he is glancing up and down a line of beauty candidates trying for a title, a smile that reveals an exceptional set of teeth will cause the judge to halt, and even look back to take a second glimpse of such an unusual phenomenon.

What the eyes are to the upper part of the face, the teeth are, in importance, to the lower portion. In repose the countenance is not so dependent upon the eyes or

teeth; but in animation the teeth are vital to a beauty ensemble, as are the coloring and expression of the eyes. Thin or unconventionally shaped lips might be overlooked in selecting a prize beauty—with everything else in her favor—but defective teeth would preclude the possessor right at the outset.

Personally, I think women owe an immense debt of gratitude to modern dentistry and oral surgery. Dependent as beauty is upon good teeth, and beauty being the dis-

tinctive asset of our feminine associates, modern dentistry has done a great deal for our girls and women. It has preserved the blessings of Nature, and it has remedied, I am positive, numerous oversights in the matter of teeth on the part of Nature. Our American dentists have been able adjuncts to Mother Nature in this respect. My association with national, international, and many local beauty pageants has demonstrated this fact to me, conclusively.

7 West Forty-Fourth Street
New York City

A. D. A. OFFERS EDUCATIONAL MATERIAL

Authentic dental health educational material is now ready for distribution to school officials, according to Lon W. Morrey, D.D.S., Supervisor, Bureau of Public Relations, American Dental Association. It comprises the following material: Educational Leaflets for the First and Fourth Grades; Booklet on the Care of the Teeth; The Toothbrushing Chart; Four Dental Health Posters; and Better Teeth Better Health Stories.

Requests for this material and a sufficient number of dental health catalogues to supply each school principal in every community should be addressed to The Bureau of Public Relations, American Dental Association, 212 East Superior Street, Chicago, Illinois.

DEAR ORAL HYGIENE



"I do not agree with anything you say, but I will fight to the death for your right to say it."

—Voltaire.

NUTRITION AND THE TEETH

In answer to Frank H. Richardson, M.D.,¹ in the September issue of ORAL HYGIENE, I should like to say that his questions cannot be definitely answered any more than can any other question on medical treatment. The method of procedure will depend first, on the diagnosis, and second, on the general health of the child.

During my forty years of personal observation, I have found that published schedules place the time for eruption at too early an age for the great middle class of Americans.

We began, far back in the nineties, to preach about diet and proper exercise of the jaws in masticating foods, but our civilization seems to have softened parental authority. Knowing the proper food and care, the insistence on these essentials is lacking either because correct foods are difficult to obtain, or because those taking less preparation are more abundant or have greater appeal for the child.

¹Richardson, F. H.: A Physician Asks For Dental Aid, ORAL HYGIENE 25:1216 (September) 1935.

If food is varied so that it furnishes not only the proper ingredients but induces the masticatory effort required to develop jaw bones, a child nourished with such food will have no difficulty when the time comes for the absorption of the roots of the deciduous teeth and the eruption of permanent ones.

First, I consider the inherited tendencies; the vitality of the child; next the condition of the temporary teeth. If the teeth are diseased, I believe that they should be extracted and I always try to do this without pain; if possible, by using a general anesthetic or giving the patient a local topical application of obtundents. For once the child feels pain from the dental experience, the subsequent efforts to get cooperation in treating his teeth are usually a failure.

If there is no indication of enlargement in the region of the overlying bone where the deciduous tooth still remains and the tooth is healthy, I do not extract until I have tried diet and exercise. If the tooth has a cavity that can be restored, I use a temporary restoration or simply cauterize it with silver nitrate to prevent sensitivity. Then I

require monthly examination of the child. Here the economic feature enters, and often it is not that the parents cannot but will not afford the proper care. When the medical profession backs the dentist in driving home the importance of tooth care, young children will be saved later sickness.

If the deciduous tooth is badly diseased, it may be taken out and the space retained, if possible. To answer this one question volumes have been written, and Doctor Richardson is right when he observes that the answers to his questions on treatment are debatable.

Neither medicine nor dentistry is a science as yet.—FRANK ACKER, M.D., D.D.S., *North Ridgeville, Ohio.*

IN REPLY TO DOCTOR RICHARDSON

I have just finished reading the article by Frank H. Richardson, M.D.¹ in the current ORAL HYGIENE, and wish to make a few comments on it.

Dentistry, although a branch of medicine, is still a distinct specialty and requires training of from four to five years. The questions asked by Doctor Richardson are all fair and are the ones that the practitioner must face and answer every day. The way they will be answered will depend upon the amount of time, thought, study, and experience that any certain practitioner has given to the question at hand.

I do not believe that any one of the questions asked could have a specific answer written to it. If there could be, we would not need to spend all the time and effort that we do in order to prepare ourselves for the practice of dentistry.

I am not surprised that the Doctor cannot answer the supposedly easy questions that he asks. But I would ask, "Why

should he?" Should the dentist try to advise his patients about matters pertaining to their general health, even if he thought he could, just because the patient had confidence in him? I rather think not, and I believe that the average dentist would refer the patient to his physician. Why then should not the physician, when a patient presents himself for advice, refer him to the dentist who has at least tried to prepare himself to solve these different problems?

There would, I am sure, be less confusion in the minds of the laity if physicians would leave the dental matters to the dentist, instead of trying to advise or even give treatments, as some of them do. I could just as easily make out a list of questions pertaining to the medical profession, both as to their methods of treatment, and as to their high fees, but I won't. I already know what their answers would be: they would give the same reasons as the dentists do.—A. D. ADAMS, D.D.S., *President, Mason City District Dental Society, Algona, Iowa.*

ROLE OF ORAL HYGIENE

I hoped it wouldn't surprise you in any way when a friend—if you please to count me such—says that ORAL HYGIENE plays an important role in the up-building of scientific dentists. Despite the ever increasing complexity of dental life, I believe there is no surer and safer way to attain our aims than to study with all possible care those experiences of other dentists which we could not escape seeing in ORAL HYGIENE. I guess no other work of similar nature has been presented and ever deserved to be called an open book for dentists. Altogether, I hope its unrivaled collection of sound ideas with their vital advantages will be perpetuated for the welfare

of mankind in general and for dentists in particular.

I hope the wide popularity of ORAL HYGIENE and its success will continue.—BENJAMIN P. SANTOS, D.D.S., Malabon Rizal, Philippine Islands.

OHIO DENTAL LAW

In my article² published in the September, 1935, issue of ORAL HYGIENE, I inadvertently omitted an important provision of the new Ohio dental law; namely, "The state dental board may warn, reprimand, or revoke, or suspend a license if the dentist advertises prices for professional service." I hope you will find it possible to convey this additional information to your readers.—L. B. PODIS, D.D.S., 8612 Hough Avenue, Cleveland, Ohio.

HAS ANTI-ADVERTISING LAW

In the September issue of ORAL HYGIENE, I notice a map³ listing the states that have passed anti-advertising laws. On this map I note that North Carolina is not listed. In January, 1933, the legislature of North Carolina enacted a law prohibiting advertising in any form, which I am informed, was the first law in the United States prohibiting advertising. Again this year our entire dental law was redrafted, and the particular section dealing with advertising was made more stringent. This was accomplished through the efforts of the North Carolina Dental Society, and I am passing it on for your information.—F. O. ALFORD, D.D.S., Secretary-treasurer, North Carolina Dental Society, Charlotte, North Carolina.

²Podis, L. B.: Ohio Falls in Line, ORAL HYGIENE 9:1245 (September) 1935.

³Map of States Having Anti-Advertising Laws, ORAL HYGIENE 25:1248 (September) 1935.

PROBLEM FOR DENTISTS ONLY

My answer to Doctor F. H. Richardson's¹ article, which appeared in the September issue of ORAL HYGIENE is in a nutshell manner. In the first place, no physician should concern himself about the details of dentistry. Second, his or our patients should not burden themselves about the details of dentistry any more than we or they are burdened with the details of general medicine.

I would advise Doctor Richardson and our other colleagues in the medical profession, when patients bother them about what should be done with their children's teeth, to say, "I am not sure, and I suggest that you go and see your dentist."—F. NEWTON REYNOLDS, D.D.S., P. O. Box 55, Wheeler, Texas.

ALABAMA STIFFENS LAW

In the September issue of ORAL HYGIENE, in the Editor's Note underneath your map,³ you ask to be advised of any other states that have passed anti-advertising laws. Yesterday, September thirteenth, our Governor signed an amendment to our Dental Law, which was strictly an anti-advertising provision, a copy of which I am sending you.—CHARLES F. CHANDLER, D.D.S., Chairman, Legislative Committee, Montgomery, Alabama.

COMMENDS DOCTOR RICHARDSON

I want to commend Doctor Richardson¹ on the interest he has taken in this field (dentistry). These questions that he has asked are not "simple" ones: they are very vital ones. Their answers have a definite bearing on the health and happiness of many persons. I hope that we may soon arrive at the day when both physician and dentist have a thorough knowledge of all

fundamental health principles. Then and only then can we give the maximum service to which our patients are entitled.—J. RAYMOND DUNWELL, D.D.S., 316 Metz Building, Grand Rapids, Michigan.

CURBSTONE DIAGNOSTICIANS

Your article¹ A PHYSICIAN ASKS FOR DENTAL AID has just aroused my interest in you to a point that I have gained the courage to attempt my first answer to the numerous articles I have read. I do not know you, but there is the possibility that we may come to know one another; however, I believe I can help save you. The fact that you need aid is apparent . . . so out with the life line.

Adopting Sinclair Lewis' method of getting personal: I ask, "Isn't this a democratic country?" O.K. Then I'll call you, Richie, and you can call me Yankee (a lot of the fellows do) or any other friendly name. Now, Richie, I do not have the direct answers to your queries, but let me go about it in my own way.

I really feel, Richie, that you are stepping on somebody's toes; just let me explain . . . Let us presume that your friend, A. Barrister, the lawyer, stopped you on the street and his conversation was somewhat as follows: "Say doctor, you're just the man I'm looking for. Several of my clients are very undecided about some medical and surgical matters, and after listening to their histories I have become quite sympathetic. I have asked several of your profession for opinions, and now I am disturbed. What would you advise me to tell my clients regarding some of the following?

"One person has had a pain in his abdomen just to the right of the umbilical region for some time. Do you think it could be the appendix? Do you believe

a chronic appendix should be removed upon its discovery or should the patient wait for distressing symptoms? What treatment would you advise to prevent any sudden distress? Do you think it is always necessary to feed the patient barium for the purpose of roentgenograms and that this type of examination is indicated before any diagnosis is made? And suppose the appendix is removed, found not to be the seat of the trouble, why did the symptoms point to the appendix?

"How can I answer and how do you account for the different medical histories of the children of another client's family? They all eat the same food at exactly the same time and in fair proportion to their sizes. And speaking of children, what about the fees of the baby specialist? Is he justified in extorting two or three dollars more than the average physician charges an adult? Then too, doctor, speaking of fees; what about those long expensive treatments for ears, eyes, nose, and throat? Or some of those paid to the specialists for appendectomies and thyroidectomies and on down the line? Take a tonsilectomy for fifty dollars, why it took three times as long for Doc Jerk the oral surgeon to take out a devitalized molar and he only collected one tenth as much.

"Then there is an expectant mother who is undecided. Would you advise her to be attended at a cost beyond her means by the obstetrician, or to suffer the experience of a natural birth as thousands of mothers still do?

"Now, not so long ago someone told me of a man that cured ruptures by taking you to the woods. There you watch him graft a freshly cut twig to a young tree. When this graft is completed; that is, when the twig draws nourishment from the

tree, the rupture will be healed. Have you heard of this method, Doctor? A client of mine has a mind to try this.

"Now Doctor these people have all consulted your colleagues and are perplexed. Being interested in them and their well being, and they having the utmost confidence in me and knowing me to be an educated man, have virtually asked me for advice while actually telling their troubles. I would like to help them. Both my clients and I are willing to learn the answers to these questions. The advice and answers so far have been unsatisfactory."

Well Richie, Old Boy, see what I mean. Not at all the thing for your lawyer friend to meddle with, is it? You have studied at a sizeable figure, to recognize, diagnose, treat, and advise your patients concerning their ailments. The dentist has done the same thing. I have done it Richie; the men in your community have done it. The schools or powers that be just don't hand down a degree because you ask for it.

Now let me sum up the answer and save you from becoming a dentist. You and your colleagues in the medical profession need the dentist. Vice versa, you collect a fee for consultation. The dental fraternity is deprived of this because someone else has already made a diagnosis. The butcher, baker, physician, or any laborer does it gratis. Would you treat your patients for the things your grocer diagnosed? Well, Richie, I don't. Maybe that is why I have time to get acquainted with you. I have often thought, "If only people would let me make a diagnosis, pay me for being consulted, then I could devote all my time to their problems and the studies of dentistry." I'll bet the dentists in your community have thought the same thing, Richie.

From what you write you are in a good position to send them some patients for consultation. Tell Mrs. Smith it will cost a little, but it will be worth it. You could tell her that the study and practice of medicine is a problem in itself and that you believe in letting the dental profession decide those vital questions. You will not find a man in the dental fraternity who cannot give you a satisfactory answer or reason for any of them. Then you can expect the dentists to co-operate with you. When they know you are not practicing dentistry or advising Mrs. Jones to have the dentist place a gutta percha filling in Shirley's tooth, they will send you so many patients you will not have time to think about the cost of orthodontia.

And now, Richie, there is no reason why we should not be friends. And, as one friend to another, "Stay out of dentistry." It isn't at all as remunerative as medicine. Just think, five "bucks" for one hour on a devitalized tooth as compared with twenty minutes and fifty "bucks" for a couple of tonsils. Or compare the intimate contact with a repulsive patient and breath for two dollars and the same patient across the desk, a rapidly scribbled Rx for halitosis at the same figure. But they often say, "Where there's a will there's a way." So if you must do this, Rich Old Boy, go into it big. Have ORAL HYGIENE send you a list of the class A schools and go into it right. Then you will have the answers first hand. That's a lot more satisfactory than a group of second hand opinions. And say don't forget that a postgraduate course in orthodontia will solve a good many things. But, Richie, if you do adopt this means of getting your D.D.S. degree always re-

member, "Live and let live."—
HARVEY C. JANKE, D.D.S., 793
East 152nd Street, Cleveland, O.

Last month I wrote an article in which I asked for help and information from the readers of *ORAL HYGIENE*. I had no idea of preparing myself so that I might be able to handle the dental problems of my patients: I merely wished to be in a position to give parents guidance in getting the right dental practitioners to take care of their children's dental problems. If I had received eight or ten replies, of two or three pages each, I should have been grateful and very much pleased indeed.

This morning's mail has not yet come in; but by yesterday afternoon (October fifth), fifty manuscripts had reached me. And when I say "manuscripts," I mean just that. Had I been desirous of publishing an issue of a dental magazine—which I assure you I never shall do—I should have had scientific material enough and to spare to have produced a very creditable issue. Never before have I met with such an amazing response to anything I have written, even for large national magazines with circulations running into the millions.

I wish to express my sincere thanks, as well as my profound surprise, at this willingness of such a large number of dental practitioners to devote time, effort, and dental knowledge to the aid of a medical confrere whose sole claim to their interest was his desire to help his patients in their dental problems. Only two or three of them misunderstood me to the extent of warning me to let dental matters alone, as they themselves refrained from practicing medicine; while one or two rather questioned the competence of any professional man to attempt

to explain to his patients why the consultant to whom he referred them had to charge a certain fee. And even these whirled in and helped solve my difficulties.

With these slight exceptions, every letter was an understanding, scientific discourse on matters of vital interest to any practitioner, whether medical or dental, who deals with children. I wish the one or two correspondents who expressed surprise that I had failed to get satisfactory, unanimous answers from dental colleagues to whom I had appealed, could have seen the diverse opinions represented. I see I need have had no fears that the dental profession was allowing itself to be dominated by "authority"—for personal experience was largely the authority cited, and that of course was what I wanted.

Members of the dental profession, a mere "baby doctor," as unsympathetic medical confreres sometimes call those of us who confine our work to the problems of children, gratefully salutes you. You have given unstintingly of your time and knowledge: the three hours one correspondent says he spent on his letter would be a fair average, I should say. You have shown conclusively that *ORAL HYGIENE* is the clearing house for getting such problems solved. If all contributors receive the response that I have, certainly *ORAL HYGIENE* will soon be outgrowing its present format.

Thank you again.—FRANK H. RICHARDSON, M.D., The Children's Clinic, Black Mountain, North Carolina.

Editor's Note: Owing to limitations of space we are unable to print all the fine letters received in response to the article *A PHYSICIAN ASKS FOR DENTAL ADVICE* by Doctor Frank H. Richardson,

published in the September issue of ORAL HYGIENE. In addition to the excerpts from five letters which appear in this department we received interesting correspondence from the following dentists:

William A. Kemper, 1004 Hume Mansur Building, Indianapolis, Indiana.

Henry C. Woods, Box 474, Garnett, Kansas.

William H. Sturm, Department of Dentistry, Central Medical-Dental Group, 5063 Case Avenue, Detroit, Michigan.

A. De Christopher, 130 Newark Avenue, Jersey City, New Jersey.

P. K. Davis, Sterling, Illinois.

Donald C. MacEwan, Fourth and Pike Building, Seattle, Washington.

C. P. Elder, 203 Simpson Building, Atchison, Kansas.

Lloyd I. Gilbert, 401 Black Building, Fargo, North Dakota.

Reuben H. Koenig, Daily Press Building, Charles City, Iowa.

Charles R. Jefferis, Medical Arts Building, Wilmington, Delaware.

S. C. Herrick, Russell, Kansas.

Fred H. Jess, Galva, Iowa.

J. W. Kutrow, Marble Arcade Building, Lakeland, Florida.

W. A. Walzen, 408 Safety Building, Rock Island, Illinois.

Paul G. Spencer, 1817 Austin Avenue, Waco, Texas.

R. C. Andersen, King Building, Superior, Nebraska.

Ira M. Smith, 360 North Laramie Avenue, Chicago, Illinois.

Charles C. Weintraub, 181 Barbour Street, Hartford, Connecticut.

H. L. Mead, Menominee, Michigan.

N. D. L. Brown, Graebner Building, Saginaw, Michigan.

Norman H. Baker, Kanawha National Bank Building, Charleston, West Virginia.

Normand J. Paquette, Rumford, Maine.

Eugene E. Ling, 3724 Market Street, Youngstown, Ohio.

Arthur M. Riley, 532 Center Street, East Mauch Chunk, Pennsylvania.

Vance Hasty, Maiden, North Carolina.

Landis H. Wirt, Building and Loan Tower, South Bend, Indiana.

H. J. Olmstead, 10654 West Warren Avenue, Dearborn, Michigan.

R. E. Hastings, Mayo Building, Utica, New York.

Luke Johnson, 100 Third Street, Lakewood, New Jersey.

S. F. Heverly, 606-7 Black Hawk Building, Waterloo, Iowa.

E. A. Siegel, 2511 East Seventy-Fifth Street, Chicago, Illinois.

D. W. McKinnon, 231 Kirkpatrick Building, Saint Joseph, Missouri.

J. R. Akers, Medical Arts Building, Hot Springs National Park, Arkansas.

Paul R. Nolting, Medical Arts Building, Springfield, Missouri.

Saul I. Jasen, 200 East 116th Street, New York City.

George E. Cox, 1212 Market Street, Wilmington, Delaware.

R. McClure Patterson, 14155 Coyle Avenue, Detroit, Michigan.

H. R. Truman, 1701 Vine Street, Cincinnati, Ohio.

C. E. LeVan, 1419 Eleventh Avenue, Altoona, Pennsylvania.

George Wood Clapp, 220 West Forty-Second Street, New York City.

Joseph F. Burket, Courier Block, Kingman, Kansas.

Ed Warder, 1229 Seventeenth Street, Denver, Colorado.

Samuel Fine, 336 Main Street, Fitchburg, Massachusetts.

G. F. Schwarz, 419 Frederick Street, San Francisco, California.

W. R. Russell, Stockton, Illinois.

N. A. O'Donnell, Medical Arts Building, Cleveland, Ohio.

Walter G. Hine, 6381 Hollywood Boulevard, Hollywood, California.

N. P. Kelly, M. P. Alcock, (no address given).

J. N. Breen, 1124 Seventh Avenue, Beaver Falls, Pennsylvania.

L. P. Henneberger, Director, Dental Clinic, Baltimore City Hospital, Baltimore, Maryland.

Miss Mary Sirlanni, D.H., Milwaukee Children's Hospital, 721 North Seventeenth Street, Milwaukee, Wisconsin.

David Bennett Hill, Salem, Oregon.

Ellis F. Moyse, 7 Central Square, Lynn, Massachusetts.

P. G. Brumbaugh, 3838 Prospect Avenue, Kansas City, Missouri.

TEMPLE UNIVERSITY DENTAL SCHOOL APPLAUSED

At a meeting of the State Board of Registration and Examination in Dentistry of New Jersey, held this year, a resolution was unanimously adopted to the effect that Temple University added to the approved list¹ of dental colleges and that graduates of the School of Dentistry of the Philadelphia Dental College, beates after 1938 with two years of pre-dental work would be privileged to take examinations in that state.

¹Approved Dental Schools, ORAL HYGIENE 24:1611 (November) 1934.



Ask ORAL HYGIENE

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Material of general interest will be published each month.

OFFENSIVE BREATH

Q.—At intervals, a patient of mine has an offensive breath. I have sent him to a nose and throat specialist and also to his family physician, with no results whatever. At the present time I am giving him thorough prophylactic treatments and treating the tissue around the teeth with a 7 per cent solution of chromic acid and peroxide.

I should appreciate it if there is anything else you might suggest that would help this patient.
—I. E. M., New York.

A.—In Prinz and Greenbaum's¹ "Diseases of the Mouth and Their Treatment" I find this division of the causes of offensive breath:

1. Causes arising from purely dental conditions; i.e., the teeth, artificial dental substitutes and the gingival tissues.
2. Causes arising from diseases of the soft structures of the oral cavity.

¹Prinz, Hermann and Greenbaum, S.S.: Diseases of the Mouth and Their Treatment, Philadelphia, Lea & Febiger, page 77, 1935.

3. Causes arising from diseases of the naso-pharyngeal region.

4. Causes arising from the digestive tract.

5. Causes arising from broncho-pulmonary diseases.

6. Causes arising from certain metabolic, infectious, febrile and genito-urinary diseases.

7. Causes arising from the presence of absorbed drugs or poisons.

8. Causes arising from foods, condiments, and stimulants.

The first two conditions you have already taken care of and you have had an otolaryngologist look after the third, and perhaps the family physician has looked into the fourth, fifth, sixth, seventh, and eighth causes. I might say that the fifth cause is difficult to control. If it can be determined that this is the cause, the patient should have the services of a chest specialist who might be able to aid in clearing up the condition. I have one such case: the bronchial glands were enlarged and the odor of the breath was

unpleasant, but upon the patient's taking the proper amount of rest and right diet the condition cleared up and the breath was sweetened.

Doctor Hartzell of Minneapolis has maintained that large masses of bacteria which may be found on the base of the tongue in a good many mouths are a source of offensive breath in some patients, and I believe that to be true. In such cases the vigorous brushing of the tongue will clear this up.—GEORGE R. WARNER.

TONGUE PRESSURE

Q.—I have recently corrected an open bite and upper protrusion case of irregularity, caused by tongue pressure. The patient, a girl of 18, apparently cannot break herself of this habit which she formed at infancy. Can you suggest a remedy? When she is asleep her tongue pushes forward so hard that it awakens her. During the day she tries hard to keep from exerting tongue pressure.—W. C. K., District of Columbia.

A.—I have consulted an orthodontist, Doctor Wm. R. Humphrey, and he tells me that tongue habits are most difficult to correct. He suggests the advisability of using retaining appliances for a number of years in such a case.

It occurs to me that an appliance such as my brother and I made once to prevent a traveling man from talking in his sleep might serve to break her of this tongue pressing habit during sleep. For this man we made a palate fitting vulcanite plate with a drop curtain effect in the front, which overlapped the lingual surfaces of the lower teeth when the mouth was closed in rest position.—V. C. SMEDLEY.

BROKEN CENTRALS

Q.—I have a girl patient, who about two years ago fell and broke off the two upper centrals even with the gums. Her mother brought her to me last week. That is the first time she has sought dental aid. The roots of both these centrals have been abscessed; so, I believe these roots should be extracted. But how can I restore them? She has already lost all her upper deciduous teeth, and the permanent ones are either erupted or erupting. The permanent laterals are in good condition. If I use a partial denture to hold these centrals, where will I clasp it and about how much of the mouth is it necessary to cover?—G. E. O., Kansas.

A.—I would suggest that you extract these central incisor roots and make a temporary bridge supported by well fitted orthodontic bands on the lateral incisors. This temporary bridge should be taken off every six months to one year for prophylaxis and recementing. The teeth should be checked with roentgenograms occasionally when the temporary bridge is off, and when you think the pulps have receded sufficiently to make it safe to do so, a permanent bridge can be made with anchorage into the lateral incisors, preferably with the pin-ledge type of well-fitted hard gold inlays.

If you prefer for any reason to supply these two central incisors with a partial denture I would suggest that it be made to cover the palate without touching any tooth and without any attachments. It is remarkable how well most children will learn to tolerate a loose palate denture, but I think the temporary bridge is better.—V. C. SMEDLEY.

DENTAL COMPASS

VETERAN PRACTICES DENTISTRY

A practicing dentist at 89, a Confederate soldier from 1861-1865, who saw the end of the war with General Robert E. Lee's forces at Appomattox, Virginia—these are the highlights in the long and varied career of L. W. Worsham, D.D.S., who has practiced dentistry for the past sixty years in Corinth, Mississippi.

Doctor Worsham was born January 30, 1846, near Richmond, Virginia, and as a boy he watched eagerly the preparations being made for the War. Fired by enthusiasm for the Southern cause, he ran away from home at 15 and joined the Confederate

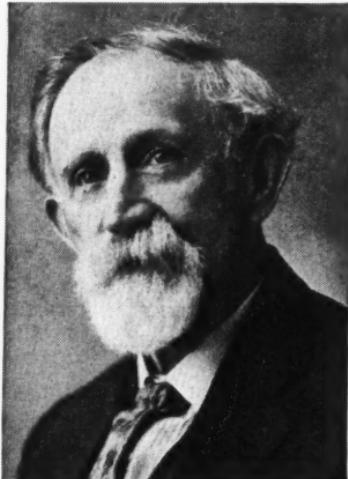
Army. Under Captain Lorain S. Jones he fought in the Artillery Army Regiment at Richmond, in the company known as the "Second Richmond Hawitzers." Since the War Doctor Worsham has never lost interest in his comrades. For many years he has been Adjutant General of the Confederate Soldiers and seldom misses a Confederate Reunion.

When the war was ended in 1865, Doctor Worsham went to Ripley, Tennessee, and served his apprenticeship in dentistry under his uncle, Doctor B. F. Worsham. In 1871 he went East to attend the Baltimore College of Dentistry, where Doctor Chapin A. Harris, the first President of the Baltimore College, was then the Dean.

Doctor Worsham has practiced dentistry in the states of Virginia, Tennessee, and for sixty years in Mississippi. Today he is still inserting gold foil fillings, extracting teeth, and making dentures. His patients are scattered all through the state of Mississippi where his work is well known.

Not long ago one of his sons, Leroy Worsham, met a farmer, a friend and former patient of Doctor Worsham's, living in Alcorn County, Mississippi. Upon learning of the relationship, the farmer said enthusiastically, "I have a pair of plates that your Pa made for me sixty years ago."

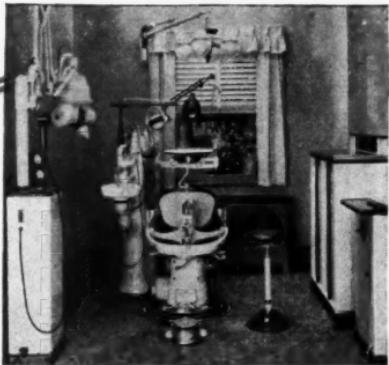
Besides his son, Leroy, who lives in Memphis, Tennessee. Doctor Worsham has another son, Frank Worsham, of Corinth. He also has three grandchildren and one great grandchild.



L. W. WORSHAM, D.D.S.

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INDIANA DENTIST LEGION COMMANDER

Doctor A. R. Killian of Lafayette, Indiana, a dentist and a major in the army reserve corps, was elected to serve as new commander of the American Legion, department of Indiana, at the annual convention, held in Indianapolis.

Mr. L. V. Hauk, of Morristown, was his chief opponent for the office. At the last minute he announced that he had withdrawn, and Doctor Killian was declared the unanimous choice of the convention.

SURVEYS DENTISTS' RECORDS

An unusual piece of research was reported by J. Scott Walker, D.D.S., President of the Kansas State Dental Association, when he addressed the annual meeting in Wichita. In an effort to evaluate the records of professional men as useful and reputable members of their communities, he had learned that 85 per cent of the dentists own their own homes in Southeastern Kansas, and that in sixteen counties of Kansas not a single dentist had taken advantage of the bankruptcy laws. Further, he wrote to the State Penitentiary at Lansing and the Federal Penitentiary at Leavenworth to find out how many dentists, bankers, lawyers, and physicians were being detained there.

Here is the reply he received from the State Penitentiary:

Lansing, Kansas
November 22, 1934

Doctor J. Scott Walker, President
Kansas State Dental Association

Dear Doctor:

In reply to your inquiry of

November twenty-first, be advised that we have no inmates confined here at this time that were practicing dentists before their incarceration. We have four inmates now confined here who were bankers at the time of their commitment. We have one inmate who was a lawyer and five who were physicians before their commitment.

Yours very truly,

C. W. Wilson,
Record Clerk.

From the United States Penitentiary Doctor Walker received this letter:

Dear Sir:

In further reference to your letter of November 21, 1934, we are pleased to give you below the statistics asked for:

Population on	
March 7, 1935	2477
Bankers	23
Lawyers	6
Physicians	6
Dentists	1

Respectfully yours,
Carl F. Zarter,
Record Clerk.

In commenting on these letters, Doctor Walker said, "The foregoing statistics prove the members of the dental profession may well be proud of their character, their business ability, and honesty."

DENTIST CANCELS DEBTS IN WILL

The final gesture of Frank H. Coffin, a Haverhill, Massachusetts, dentist, was an effort to wipe out the depression's burdens and let at least some persons start over again. Doctor Coffin cancelled ninety-four of his patients' bills in his will which was filed for probate recently. He left an estate of \$124,173.

L A F F O D O N T I A

Jinks (to girl he met at a dance): "May I call on you?"

Girl (snapping): "Certainly not! I wouldn't think of it!"

Jinks: "Oh, I didn't mean to-night. I meant one wet and miserable night, when I have nothing better to do."

Boresome Husband: "Let's have some fun this evening."

Bored Wife: "O.K., and please leave the light on in the hallway if you get home before I do."

"Here's your fly paper. Anything else?"

"Yes, suh. Ah wants six raisins."

"Six pounds?"

"Naw, suh; about six—jes' enuf fo' decoys."

He: "They tell me the colonel is a sexagenarian."

She: "The old fool; and at his age, too!"

Daughter: "Should I marry a man who lies to me, mother?"

Mother: "Daughter dear, do you want to be an old maid?"

Woman Customer: "I see this medicine is advertised as good for man or beast."

Druggist: "Yes."

Customer: "Give me a bottle. I believe it's the right combination to help my husband."

Angler (describing his late experiences): "Believe me or not, I never saw such a fish."

Listener: "I believe you."

Teacher: "Junior, I think I'll keep you in after school."

Junior: "It won't do you any good. I'm a woman hater."

A gentleman is a man who can play a saxaphone . . . but doesn't.

It takes a girl baby approximately two years to learn how to talk and between sixty and seventy-five years to learn how to shut up.

Harry: "My wife is very busy. She's going to address a woman's club."

Al: "She's working on the address I presume?"

Harry: "No; the dress."

First Business Man: "What became of your secretary?"

Second Business Man: "I married her and now she's my treasurer."

Tourist: "What's in here?"

Guide (leading the way into a morgue): "Remains to be seen, sir."

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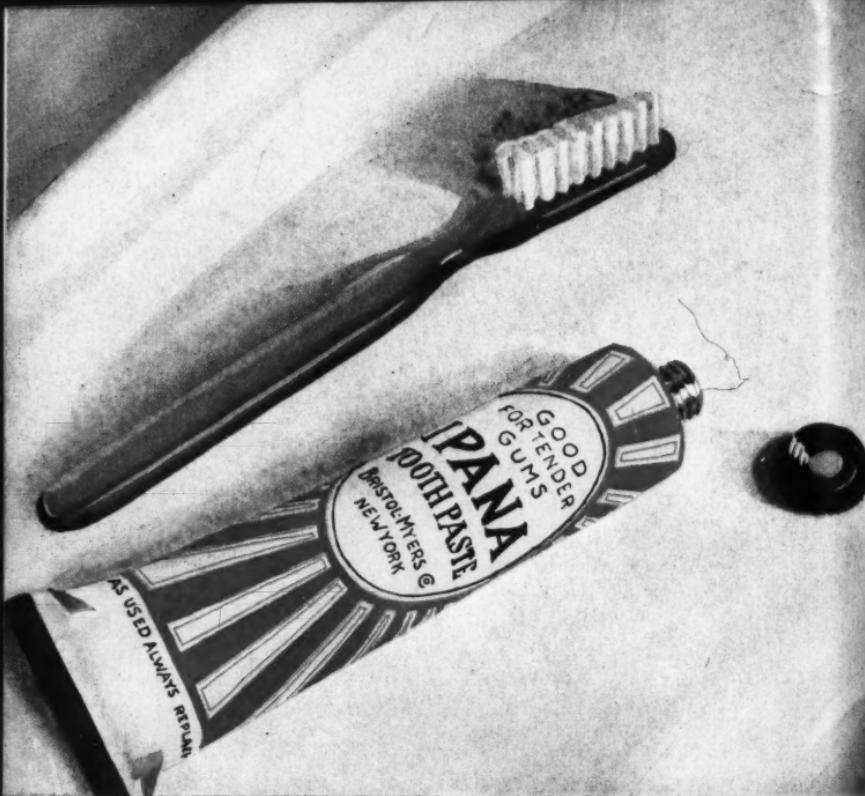
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